





# A Message from the Director



**Welcome to our 2009 Annual Report!** We have had another exciting year of achievements in providing world class health care to our nation's Veterans. We have enjoyed many successes in addressing our priorities in satisfaction, innovation, efficiency, access and quality. We have published and distributed our 2010-2012 VAPAHCS Strategic Plan. This plan is a dynamic roadmap for achieving the excellence our Veterans, employees and other stakeholders have come to expect from VAPAHCS.

In 2009, we began the year with a management retreat that focused in part on increasing the involvement of patients and families in all aspects of their care. Since that retreat, we have chartered and launched our Veteran and Family Advisory Council with six Veterans and family members. We will be working closely with the Veteran and Family Advisory Council to receive truly unfettered feedback in our planning and decision making. Many of you will have the opportunity to meet the council members throughout the coming year as we increase our efforts to be Veteran-centered in all the services we provide.

We were also awarded the VHA Improvement Capability Grant to support building an office devoted to projects that empower cross-functional front-line staff in making improvements to their work with the support of their managers and senior leaders. This will be a multi-year effort under the umbrella of "Process Excellence" that will impact all employees at all levels. In concert with this effort, we will work with VHA National Center for Organizational Development on increasing Civility, Respect and Engagement in the Workplace (CREW). This "CREW" initiative will facilitate discussion in tar-





geted areas as to how employee teams can work more cohesively and productively, thereby increasing employee satisfaction and improving work processes. We hope to expand participation in CREW as broadly as possible in the coming years.

Our Nurse Executive, Ms. Gloria Martinez, is also leading us on the journey toward achieving Magnet status. This achievement has been reached by a small but growing number of VHA facilities nationally. Achieving Magnet status is closely aligned with our efforts to involve employees at all levels in decision-making and in process improvement.

We are in the midst of many physical changes across our health care system as described in this report. We are opening new facilities, large and small, and are preparing to demolish seismically deficient structures that have served us well for decades. On the Palo Alto campus, we are experiencing major parking challenges. This has resulted in employees using public transportation, carpooling and biking in increased numbers. We have both preserved and increased parking for patients and visitors. I greatly appreciate the flexibility our employees have demonstrated in making this transition. In a few short years, these sacrifices will lead to almost a complete makeover of this campus with a new rehabilitation center, blind center, aquatic therapy center and plans for a new ambulatory care center, world class research facility and fitness center and gymnasium.

With our Strategic Plan guiding our way, we will set the course for excellence for VAPAHCS in this new decade.



Our course is in clear alignment with Secretary Shinseki's transformation initiatives for VA. We will continue to reach out to all our Veterans with the latest technologies in both our medical care and our communication tools and techniques. I look forward to proceeding down our Path to Excellence with all of you!





# Research and Clinical Care Doctors Receive Top VA Honor

Bringing together research and clinical care, two doctors at the Department of Veterans Affairs (VA) Palo Alto Health Care System were recently recognized for their ground-breaking efforts in the care of Veterans injured in the Iraq and Afghanistan wars.

Dr. Gregory Goodrich, research psychologist, and Dr. Glenn Cockerham, chief of ophthalmology, were selected to receive the 2009 Olin E. Teague Award, a national award that recognizes contribution in an area of utmost importance to VA's mission: the rehabilitation and improvement in the quality of life of war-injured Veterans.

The doctors' research efforts began in 2004, when they noticed that soldiers and Marines who were exposed to combat blast also had visual disorders and eye injuries that often went undiagnosed by the Department of Defense (DoD) and VA health care systems. These personnel usually had traumatic brain injury (TBI), a common aftermath of blast. Modern body armor offers improved protection against blast, but the face remains relatively exposed. Published scientific literature rarely addressed this population or discussed the visual system in patients with traumatic brain injury.

"As one example, a 25-year-old Army soldier was thrown through the air and lost consciousness following an IED blast in Iraq," said Dr. Cockerham. "When he regained consciousness, he was not aware of any damage to his eyes. As an inpatient at our VA Polytrauma Center the soldier voiced no eye or vision complaints and his corrected vision was 20/20 in each eye. Our examination found a retinal detachment that if untreated could have led to vision loss.



"The concern is that internal damage may lead to retinal detachments or glaucoma in the future in this young population," Cockerham continued. "We also find visual dysfunction in soldiers who pass a standard vision screening test. Patients with TBI after blast rate their visual quality of life very poorly, even with good standard visual acuity. Ongoing surveillance is necessary to follow these problems."

The seminal research done at the VA in Palo Alto led to the development of improved eye and vision injury examination techniques, which were adopted as the standard of care in 2008 for inpatients with traumatic brain injury at all VA Polytrauma Centers.

"We have learned so much," said Dr. Goodrich. "We now know that with a thorough eye examination, with emphasis on traumatic injury, what might have formerly been thought to be anger expressed from PTSD could be frustration in not seeing well and not understanding why. Our blind rehabilitation specialists are working closely with our ophthalmologists to ensure Veterans receive the training they need, which in the past was just not done."

Dr. Cockerham added, "Visual damage and ocular injury in combat have been recognized by Congress as an important area of research with the creation of the Vision Center of Excellence, a joint collaboration between DoD and VA. This agency will manage an Eye Injury Registry to allow tracking of war injuries, coordinate clinical guidelines and fund and supervise research. It is rewarding to know that we played a role in this effort and in future efforts to improve the lives of our war-injured Veterans through prevention and rehabilitation."



# VAPAHCS Awards



The American Heart Association named VAPAHCS Dr. **Paul Heidenreich's** publication as one of 10 most important cardiovascular medicine research papers of 2009. The top-10 list emerged from a process led by the group's immediate past president, president, and president-elect based on nominations from the organization's 16 scientific councils. The chairs of the councils had been charged with recommending the year's "most meritorious, most substantial, most significant" papers in cardiovascular medicine.



**Alan M. Garber**, Associate Director of the Center for Health Care Evaluation and VAPAHCS staff physician has been awarded the Society for Medical Decision Making's Career Achievement Award. Presented at the Society for Medical Decision Making annual conference, the award recognizes senior investigators who have made significant contributions to the field of medical decision making.

**Laura Howe, J.D., PhD**, neuropsychologist in the Polytrauma Rehabilitation Center received this year's Early Career Service Award from the National Academy of Neuropsychology (NAN). This award is designed for someone who is within 10 years of receiving their Ph.D. and who has made substantial early career service contributions to NAN and neuropsychology in general.



**Keith Humphreys, PhD**, received the VA Outstanding Psychologist Researcher Award from the American Psychiatric Association in recognition of his exceptional research career in the areas of peer-controlled health support initiatives (e.g., Alcoholics Anonymous, Internet-based support groups for cancer patients), natural recovery from addiction, and treatment research methodology that has been supported by numerous VA, NIH and foundation grants and has resulted in over 100 peer-reviewed journal articles.



**Dr. David Relman**, VAPAHCS' Chief of Infectious Disease was named Stanford University's first Merigan Professor. The new professorship is named in honor of Dr. Tom Merigan, one of the world's pioneers in infectious disease research with a particular focus on chronic viral infections, especially hepatitis and HIV/AIDS. Dr. Relman has opened new vistas to the novel diagnosis and pathogenesis of bacterial disorders and to the greater role of bacteria in global ecology, biodiversity, biosecurity and beyond.

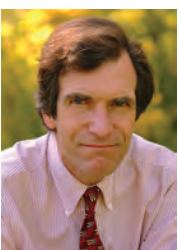


**Rudolf Moos, PhD**, received the American Psychiatric Association's 2009 Distinguished Scientific Contributions Award in recognition of his exceptional career marked by prodigious achievements in the areas of social, cultural, and policy studies of alcohol use disorders that has produced more than a dozen books, over 600 peer-review journal articles and book chapters, and many prestigious scientific awards.

VAPAHCS psychiatrist **Trisha Suppes**, Director of the Bipolar Disorder Research Program (part of VAPAHCS' War Related Injury and Illness Study Center) was selected to receive the 2009 Gerald L. Klerman Senior Investigator Award honoring her longstanding contributions to research improving the lives of people living with mood disorders. The Gerald L. Klerman Award is the highest honor given by DBSA. It recognizes contributions to the understanding the causes, diagnosis, and treatment of depressive and bipolar illnesses.



**Ken Weingardt, PhD**, received the 2009 VA Outstanding Psychologist Administrator Award from for his contributions developing and evaluating informatics applications to help implement evidence-based mental health services. He has investigated how technology can be used to enhance clinical training, how internet resources can be used for patient education and self-care, and how the implementation of these technologies is influenced by social and organizational contexts of care.



**Dr. Jerry Yesavage**, Associate Chief of Staff for Mental Health and MIRECC Director, was selected as the 2009 American Association for Geriatric Psychiatry Distinguished Scientist Award.



VAPAHCS scientist **Alex Sox-Harris, PhD**, received the 2009 Presidential Early Career Award for Scientists and Engineers at the White House. The awards are given for "innovative research at the frontiers of science and technology" and a commitment to community service. Winners receive up to five years in continued research funding from their respective agencies. Sox-Harris' main focus has been measuring the quality of treatment for substance use disorders.



# Healthy Living Changes Launched Throughout VAPAHCS!



## Fitness Challenge

The Front Office Fitness Challenge is a contest for VAPA employees designed to promote and support healthier habits and lifestyles. This is an 18-week challenge that started in mid October 2009 and finished in February 2010.

The challenge began with 78 teams of 8, which equals 624 individuals within our healthcare system or over 15% who chose to participate in this challenge. In the end, 72 teams were still going strong and have proved to be dedicated to finishing the challenge!

Out of the 72 teams participating, 21 chose to partake in the “most lost” challenge. The teams that are participating in the “most lost” challenge get weighted and measured (waist circumference) monthly. At the end of the challenge the winning team in this category was based on the greatest percentage lost.

As of February 2010, health care system staff collectively exercised a total of 198,678 miles, which is more than 477 laps around the radius of all of the divisions and CBOCs that make the VAPAHCS.

“We wanted to create a challenge where people would be able reach their personal goals while being in a support-

ive team atmosphere. Our health care system is so large that it was important for us to try to help create a community feel and connection, one in which we could all work together towards a greater goal.” said Bria Heymach, VA Palo Alto Health Care System Employee Fitness & Wellness Coordinator. Camilla Coakley, MOVE coordinator and co-creator of the Front Office Challenge added, “We specifically chose the challenge to take place during the winter months because those are the cold, rainy days, filled with sweets, potlucks and stress the time where we could all use support and motivation to live healthier and to continue exercising.”

This challenge is not aimed at being just be a New Years resolution, but a life time resolution...

For additional information or suggestions about classes, programs and fitness tips, contact Bria Heymach at ext. 69957 or visit the Health & Wellness page on the VAPA Web Site.

## New Smoking Policy

VAPAHCS answered the call of Veteran patients, families, visitors and employees, by addressing and revising the VAPAHCS smoking policy that became effective Jan. 4, 2010.

One of the most visible revisions of the policy included the prohibition of smoking in front of the Palo Alto Division's Building 100. All facilities and VAPAHCS clinics were considered in the policy revisions. Brochures and signs mark the locations where smoking is permitted. A new Health Care System memorandum outlined the policy, designated areas and responsibilities of all employees, and procedures for monitoring all areas for compliance by the VAPAHCS Police.

Employees interested in an employee smoking cessation program/group should contact Dr. Holly Cacciapaglia, at extension 67915. Patients interested in smoking cessation programs, should contact their primary care provider.



## *Anti-Gravity Treadmill Makes Therapy “A Walk on the Moon”*

The large screen waiting for input and Veteran Jesse Whitmier zipping himself into a huge air pouch will make you think you are in a NASA lab watching astronauts train for the next launch. Coming back down to earth, you will realize this is the Outpatient Physical Therapy gym at the Palo Alto VA hospital. The \$75,000 AlterG anti-gravity treadmill is the newest addition to VA physical therapy treatment that reduces the amount of body weight on the patient's knees by using air to “lift” their body.

“Most of my patients use it,” said Lemmer Bustamante, a physical therapist in the PM&R Service. “If we didn’t have the AlterG, it would be hard for my patients to even use treadmills after operations on their knees or hip.”

The high-tech machine is a prototype developed by the VA Palo Alto rehabilitation research and development center in collaboration with NASA and AlterG. The Anti-Gravity Treadmill uses a unique differential air pressure technology allowing the patient to feel as if they are “walking on the moon” by reducing the pressure of their body weight. The touch screen interface allows the

therapist or patient to control the speed of the treadmill as well as how much of their body weight is utilized to maintain a comfortable workout.

“The AlterG treadmill allows me to do things I can’t naturally do anymore,” said Jesse Whitmier, a retired USAF Sergeant who recently underwent surgery. “I can continue to run like I did when I did track and field and even keep my weight down without pain in my knees.”

Even though the machine has only been in the gym for seven months, Bustamante has seen much faster progress in his patients after using the Anti-Gravity Treadmill.

“We used to use a pool treadmill before but the problem is you can’t control the weight bearing,” said Bustamante.

AlterG Anti-Gravity Treadmill® is the first FDA-cleared medical device of its kind and is used by major medical centers, leading physical therapy clinics and professional, collegiate, and individual sports and fitness programs. AlterG, a company located Fremont, CA, was co-founded by Chief Technical Officer Sean Whalen. Partnerships include Woodway treadmills, Nike and NASA/Ames.



# Transforming Facilities for the 21st Century *Construction Initiatives*

## VAPAHCS Begins Construction on New Inpatient Mental Health Center

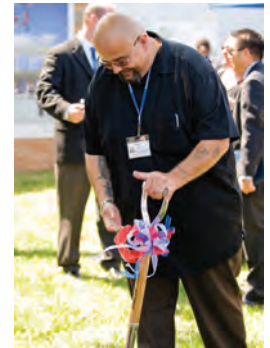
Target Opening – Summer 2011

Congresswoman Anna Eshoo and Congressman Mike Honda joined more than 200 staff, Veterans and visitors to celebrate the groundbreaking for the new Inpatient Mental Health Center on July 1, 2009.

The new Center will house four units, each with 20 inpatient acute psychiatric beds, for a total of 80 beds. The project also includes outdoor enclosed gardens for the patients, a separate mental health research and office pavilion and a utility building to service the complex. The total building area will be at least 76,000 square feet of interior space.

Most rooms are private, with some semi-private, and all have private bathrooms. The building's therapeutic design and healing environments were the result of collaboration with clinicians and will be implemented throughout the project including patient access to landscaped gardens, ample use of natural light to all internal patient and staff areas, views to landscaped areas from all patient bedrooms, and color, texture and material palettes selected to aid in the healing process.

This project will enable VAPAHCS to consolidate all inpatient mental health beds into one center. Currently, VAPAHCS operates four acute inpatient mental health units on two campuses in three separate buildings.



The current inpatient mental health unit at the Palo Alto Division will remain operational throughout the construction of the new Mental Health Center, which is anticipated to be completed in two years. Following the completion of the new Center, Building 2 will be torn down.

## Sonora Welcomes the New VA Community



More than 200 people attended the Ribbon Cutting Ceremony for the new Sonora Community Based Outpatient Clinic, which opened in October.

"This is a big event for Sonora Veterans and the community at large," said George Eldrige, a Vietnam Veteran who has received his care from VA for decades. "Not only is the facility beautiful, but the clinic will offer expanded services, too. This is a very big deal for us."

At roughly 8,000 square-feet, the new clinic will be more than double the size of the former 3,500-square-foot facility. Building contractors were Mark and Scot Patterson, who finished the \$2.5 million project Aug. 1, two months ahead of schedule.

The new clinic is about more than just the building, though. It also features more services, which allow local



*Commander of the Rough Riders in the Philippines during WWII, Mr. Lorenzo Buenflor and Ms. Margaret Baldwin, a certified nursing assistant with the Menlo Park GeroPsych program for 22 years, assist Ms. Freeman during the ribbon cutting ceremony.*

# New CLC at Menlo Park Opens with Fanfare

*Patient Move March 2010*



More than 200 guests and Veterans attended the special ribbon cutting ceremony and open house on Nov. 16, 2009, for the new, state-of-the-art Community Living Center in Menlo Park. The new facility provides a beautiful, home-like dining and living area with private and semi-private bedrooms, along with spacious courtyards and outdoor patio areas.

“The new 80,000 square-foot facility has 120 beds enabling us to provide more accessible, timely and efficient health care for Veterans requiring specialized facilities and is specially designed to conform to their unique needs,” said Lisa Freeman, VAPAHCS Director.

The director was joined by local dignitaries including the Menlo Park mayor, chief of police, and fire chief, as well as members of the city council.

The Menlo Park Division of VAPAHCS is Northern California’s primary referral site for Veterans who are elderly and may suffer serious and chronic illnesses, often complicated by mental disabilities. The new Community Living Center replaces the current Gero-Psych facility, which only has 109 beds and averages more than 40,000 bed days of care a year.

## Based Outpatient Clinic

Veterans to receive medical treatment closer to home, instead of traveling outside the county. VA added an additional medical provider, a number of increased mental health services and a case manager. The new space also allows for a number of visiting services to take place in Sonora, including a family counselor.

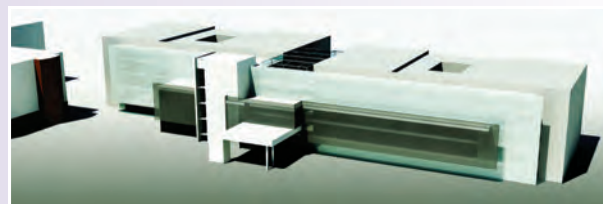
“Together VA and the Sonora community have the opportunity to answer Lincoln’s call, “To care for him who shall have borne the battle and for his widow and his orphan,” said Lisa Freeman, Director of the VAPAHCS.

“I appreciate the community’s support of our Veterans and our staff. Mostly, though, I want to say thank you to Sonora’s Veterans – from WWII through Iraq and Afghanistan. You answered the call to serve – It’s now our turn to serve you.”



*Sonora nurse Judy Collier takes the blood pressure of Veteran George Eldridge.*

# Upcoming Construction Projects



## New Ambulatory Care Center

- Primary and specialty care clinics
- Women's Health Clinic

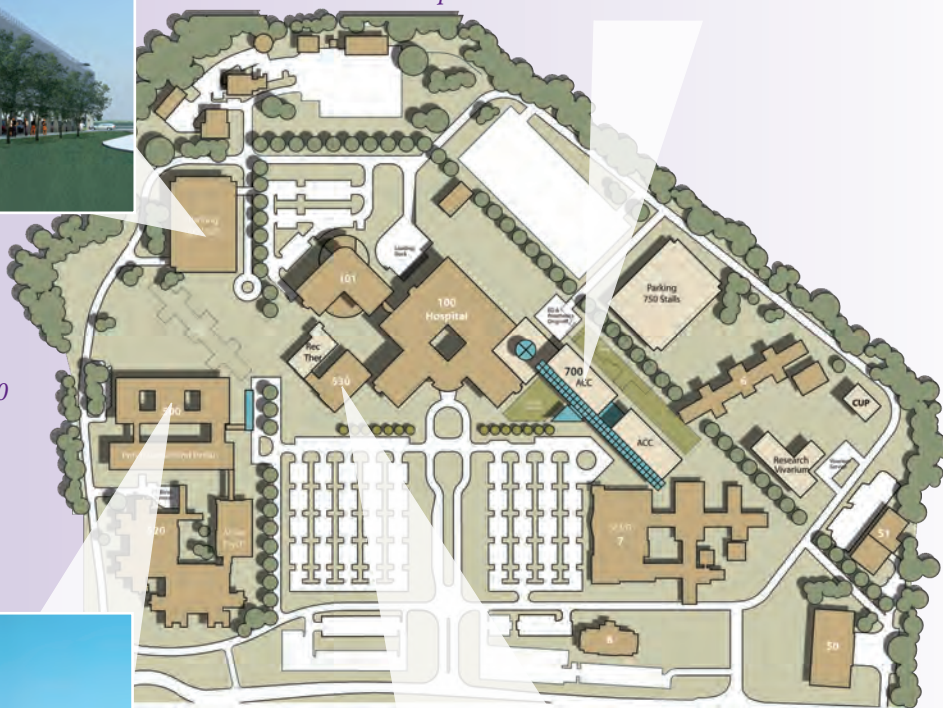
*Anticipated construction start - 2012*



## New Parking Garage

- 600 Stalls
- Solar Panel Technology

*Anticipated Construction Start – August 2010*



## New Rehabilitation Center

- 24 Polytrauma Rehabilitation Center Beds
- 32 Blind Rehabilitation Center Beds
- 12 Polytrauma Transitional Rehabilitation Program Beds
- Outpatient PT/OT Clinic
- Outpatient PM&R Clinic
- OEF/OIF Program

*Anticipated Construction Start – 2011*



## New Aquatic Therapy Center

- Warm Water Therapy Pool
- Cool Water Lap Pool
- State of the Art Locker Room Facilities

*Anticipated Building Opening – Fall 2011*



# Livermore Realignment Process

In 2009, VAPAHCS in collaboration with VA Central Office and a great team of consultants made significant progress in moving forward with identifying the location of the new facilities in the Central Valley and Alameda County. The counties and general search areas within each county were selected and publically announced. Below is a timeline of the major phases:

**2007** VAPAHCS submitted FY2010 major construction application to realign Livermore's inpatient and outpatient services per the CARES decisions

**2009** Livermore Realignment Site Selection Study completed by consultants.

Stockton/French Camp area in San Joaquin County selected to locate a new, multi-specialty outpatient clinic and a 120-bed community living center (nursing home)

Hayward/Fremont area of Alameda County selected to locate the East Bay outpatient clinic

Site Selection Board made recommendation of land parcels to pursue in each county. Land Parcel due diligence( including environmental) for both East Bay CBOC and co-located Central Valley CBOC and CLC to begin by VA Real Property

**2010** Acquisition of selected land parcels in both counties  
Begin design of new facilities

**2011** Design and construction documents for new buildings

**2012** Construction to begin on new clinics and community living center\*\*

**2015** Activation and grand opening of new clinics and nursing home\*\*

*\*\* The timeframe for implementing the changes described above is dependent upon receipt of Congressional approval and funding for this major construction project.*

**Please visit the VA Palo Alto Health Care System Construction Website for more information on construction initiatives throughout our health care system.**

**[www.palo-alto.med.va.gov/construction.asp](http://www.palo-alto.med.va.gov/construction.asp)**

## Monterey Joint VA/DoD Ambulatory Care Center

Monterey Ambulatory Care Center Health Care Center lease was included in the Department of Veterans Affairs FY2010 Budget.

This Health Care Center Lease project will include:

- Developer financed project built on acquired land parcel
- Construction of new facility for VA outpatient programs and DoD outpatient programs
- VA leases back building for extended period of time
- Project will be open for developers to competitively bid on the project in Summer 2010



## Capital Asset Realignment for Enhanced Services 2004 and 2007 Decision Components

- Construct a new CBOC in the Easy Bay
- Construct an expanded CBOC in the Central Valley
- Establish a new 120-bed Community Living Center co-located with the expanded CBOC in the Central Valley
- Enhanced-Use Leasing Livermore Division's 113-acre campus

# Veteran-Centered Care

Veteran centered care is our foremost priority at the VAPAHCS. In fact, our facility is poised for a complete and system-wide transformation into a patient centered culture. To this end, we have instituted a partnership model of health care to optimize the successful diffusion of patient centered principles and culture change throughout our health care system.

Recognizing the significance of transforming into a patient centered culture, and the benefits of establishing a strong foundation and infrastructure, our team embarked on a journey to learn from experts in the field of

patient and family centered care. Engaging with a nationally recognized expert in the field of patient and family centered care from Lucile Packard Children's Hospital in the spring of 2009, our team began establishing the first phase of this journey.

Our initial efforts focused on the formation of a Veteran and Family Advisory Council and the adoption of core concepts of patient and family centered care as set forth by the Institute for Family-Centered Care; dignity and respect, information sharing, participation, and collaboration.

## Improving the Process of Health Care Delivery



*Dr. Paul Helgersen*

One of the compelling things about health care is that it is an ever-evolving field. We are constantly incorporating new treatments, new diagnostic tools, and learning to care for patients in ever more effective ways.

The challenge this presents is self-evident – health care gets more complex all the time. Patients arrive with a huge array of needs, and making their experience one that truly gives them the ideal treatment can be a daunting task. I believe that those of us working at VAPAHCS have reason to be quite proud of the excellent care we provide, but realize that the current system still has room to improve.

Providing good care is a team sport. As I spend time with my patients on the medical ward, I encounter nurses, ward clerks, social workers, staff from housekeeping and engineering, phlebotomists, physical therapists, and physicians across all stages of training (to name a few). Think of all the processes a patient encounters in a given day – no wonder integrating these into a streamlined experience for the patient is challenging! Yet, a lot has been learned about how powerful it can be to pay close attention to refining our processes.

Work done in the Institutes for Healthcare Improvement and at hospital systems like Virginia Mason and Intermountain Health has shown that training health care teams to look in a different way at the work done on their unit or ward can lead to transformation of the way

we deliver care – to an experience better for the patient and more rewarding for the staff involved.

One of the most successful process improvement methods used to date is Lean – originally adapted from the manufacturing industry. I like Lean because it concentrates our thinking on value. Simply put, which parts of what we do are most valuable to the patient? Typically the best judges of this are the patients themselves and the staff who really have their hands on our work processes on a day to day basis. If those working on the front lines identify steps that aren't contributing to bringing patients what they most need, can we redesign in a way that devotes that time and energy to what is most effective?

To help the organization stay at the leading edge of health care delivery, we are creating a new group that will help drive the continuous improvement of these complex processes. Fueled by a developmental grant from the VA Central Office, we will be able to...

- Train staff in process improvement techniques, such as Lean.
- Facilitate rapid improvement workshops focused on common, interdisciplinary processes.
- Create educational activities where teams that care for patients together learn best practices together.
- Reward a culture that honors improvement, innovation, and spreading best ways of caring for patients.

I look forward to working with you all.

*– Dr. Paul Helgersen  
Chief, Inpatient Medicine*



# is Paramount

The first phase of our culture transformation was the creation of a Veteran and Family Advisory Council (VFAC.) The VFAC provides an ongoing forum that actively includes Veterans and their families and infuses their perspectives, preferences, needs and values into not only clinical care delivery but also in policy creation and quality improvement efforts. Through the VFAC, we can systematically receive unfiltered, direct feedback from Veterans and their family members.

The VFAC is comprised of six patients and family members who are a diverse group of individuals with varied backgrounds and experiences. Patients and family members of the VFAC were carefully screened and an in-depth orientation was conducted.

The information and perspectives that this group provides to VAPAHCS is extraordinarily valuable. It has been an exciting opportunity for our team and VAPAHCS staff to work in partnership with these patients and family members as we work towards becoming a more patient and family centered organization.

– Elizabeth Richards,  
Colleen Higgins  
and Linda Frommer  
(Shown above, right)



*Veteran and Family Advisory Council Members (below) are Peter Lee, Barry Rose, Bill Harris, Mike Ryan, Blair Whitney and Nicola Liu.*



## Strategic Plan



*Tracea Routie*

During my first year at the VA Palo Alto Health Care System (VAPAHCS), I have addressed many employee questions regarding what is strategic planning and what its purpose is. Simply put, strategic planning determines the direction our health care system is going over a designated period of time, how we will get there and how we will know if we got there or not.

A strategic plan is the result of strategic planning. It is similar to this annual report, except that rather than being historical, it is forward looking. Our strategic plan is important to us because it is our roadmap for the next three years (FY2010 to FY2012) to improve Veteran and employee satisfaction.

Our initial step in developing our strategic plan was to conduct a SWOT analysis. A SWOT analysis evaluates our internal strengths and areas for improvement and external political, economical, social and technological factors impacting our health care system. More than 100 stakeholders across VAPAHCS, including Veterans and employees, were interviewed individually and also in focus groups.

The VAPAHCS strategic plan is goal-based. Our mission and vision are the same as national VHA to put Veterans first and honor them. Our general strategic priorities are satisfaction, innovation, efficiency, access, and quality. Our 10 specific priorities are aligned with those general strategic priorities. Two of our strategic priorities, Veteran-Centered Care and Process Excellence, are the key arches of our strategic pyramid. You will have an opportunity to learn more about Veteran-Centered care and Process Excellence in the write-ups from Dr. Helgersson and the Veteran and Family-Centered Care Committee.

The strategic plan is a living roadmap for our health care system, and we will clearly measure and update you on our progress and make course corrections. We aim to engage a wider range and number of employees in refining the plan next year and supporting our services in developing their own strategic plans.

Each VAPAHCS employee has important contributions to make in achieving our strategic plan and improving Veteran and employee satisfaction. We appreciate and welcome employee input and feedback in this ongoing journey to serve as a leader in health care excellence in the VA and in the nation. The Strategic Plan is available on the intranet. A member of our leadership team will meet with every service to discuss the plan and share print brochures with service employees. Please do not hesitate to contact me if you have any questions or comments.

– Tracea Routie, MBA  
Office of the Director

# Stand-Down Reaches Homeless Vets

Homeless Veterans gained access to dental care, legal aid, health care, counseling, housing and employment information and identification cards at the 2009 three-day South Bay Stand-Down in Boulder Creek hosted by the VA Palo Alto Health Care System. Essentials such as meals, clothing, shoes, sleeping bags, and blankets also were provided.

"This event is greatly needed and served nearly 200 homeless Veterans in the area," said event planner Kate Severin, outreach coordinator for VAPAHCS.

"Stand-down" is a wartime military term that refers to an opportunity for frontline troops to retreat to relative safety for rest and aid before returning to combat. The first South Bay Stand-Down took place in 2007 and served more than 140 homeless Veterans.

Severin said the biggest draw are the legal and dental resources. Superior court judges from Monterey, Santa Cruz and Santa Clara counties heard Veterans' misdemeanor charges and worked to eliminate the charges and fines or reduce them to community service.

"This is extremely important for a Veteran who is trying to get a job. It's a great way to reduce barriers to employment," Severin said. "The common

theme of the stand-down is change, and the judges note the Veterans taking initiative and making positive life changes by just showing up to the event."

Two state-of-the-art mobile dental vans were parked at the event to fulfill the need for cleanings, extractions, fillings, bridgework and crowns.

"This is a huge, because dental care is not usually provided to Veterans unless they are on disability for their teeth," said Severin, who also coordinated the 2007 stand-down.

The opening ceremony featured keynote speaker Judge Stephen Manley, who heads the Veteran's court in Santa Clara County. Music was provided by the Homeless Veterans Rehabilitation Program band.





# VA Secretary Shinseki Visits VA Palo Alto Health Care System

VA Secretary Eric K. Shinseki visited the VA Palo Alto Division on June 23, 2009. It was the first visit for the former Army chief of staff and retired Army four-star General.

He began his visit at the Fisher House and met numerous patients, families and staff. He also met Rick Yount, Paws for Purple Hearts program director, and the patients participating in the training program. The VA pilot program is always a big hit, especially for a dog lover like the Secretary.

The Secretary met leadership from the Polytrauma and Spinal Cord Injury programs and toured the Polytrauma Rehabilitation Center. He met numerous staff, patients, families and our military liaisons. He even watched while one of our Polytrauma patients was coached on the use of Guitar Hero and was interested in knowing the progress of the patient's recreation therapy activity... perhaps even considering some Guitar Hero therapy of his own.



Serious to his commitment to listen to and address concerns of patients, the Secretary spent almost an hour with various patients in a closed-door session, which was difficult for him to draw away from since he was very intent on receiving feedback from every patient - on everything from their military service, health care experiences to the origins of their tattoos!

The Secretary received excellent briefings on VAPAHCS Vision Research, Advanced Imaging and Simulation programs. He listened intently, asked terrific questions and engaged in meaningful dialogue with staff.

Another highlight of the visit was a presentation to the Secretary from Scott Skiles, Polytrauma Supervisory Social Worker, who presented a sculpture to Secretary Shinseki of a Soldier kneeling before a wall inscribed with the words of Abraham Lincoln.



Since his nomination, Secretary Shinseki pledged to move quickly in addressing the existing, impending and projected health care needs of our Veterans by focusing on VA funding and a budget with a strategic plan to expand care to Veterans, where they need it most.

"I am new to VA and had a big learning curve," the Secretary noted, "but I know a lot more today than I did six months ago. I take my hat off to the clinical staff and military here today, and I just want to say 'thanks' for all you do to care for our Veterans."

"I have two goals as Secretary," Shinseki added. "The first one is looking after these Veterans [and he smiled, referring to the patients in front of him], and the second goal is making sure you have the resources you need to care for them."



*Social workers Sly Williams and Scott Skiles present the Secretary with a memento of his visit to VAPAHCS. Left photo, the Secretary talks with patients from the Polytrauma Rehabilitation Center.*



# 2009 VAPAHCS Events



*Hispanic Heritage*



*Christmas Celebration*



*Kwanzaa Celebration*



*Panther Racing*



*Asian Pacific Islander Observance*

*Martin Luther King, Jr.  
Event*



*Women's Equality Day*





## *Vets Court Serves Veterans Not Just the Criminal System*

The VAPAHCS has partnered with the Santa Clara County court system to create a “Veteran’s court,” an innovative alternative to the traditional criminal justice system. Initiated and presided over by Superior Court Judge Stephen Manley, the court is designed to assist Veterans in obtaining services that address the underlying problems that have brought them into the criminal justice system.

Substance abuse and mental health issues often lead to the arrest and incarceration of Veterans, and Judge Manley had found that Veterans in his courtroom were often unaware of the services available to them through VA. By bringing VA staff into the courtroom, defendants are able to quickly access VA resources, and Judge Manley is able to monitor the progress of Veterans over time as they receive VA services.

“Our Veterans’ court is a lot like an ER – we have immediate action, Veterans don’t have to wait,” said Judge Manley. “We connect them to the VA or community resources, instead of jail or prison. Everyone wins.”

Modeled after the nation’s original Veterans’ court in Buffalo, NY, Judge Manley’s court was the third such court in the country to use this unique collaboration between the VA and the court system.

When Judge Manley’s court opened its doors in November 2008, 22 Veterans were on the Veterans’ court docket. In the short time since then, the court has seen a rapid increase in the number of Veterans who are referred to Veterans’ court; over 60 Veterans have participated in the program.

Judge Manley has recently begun inviting Veterans to serve as mentors to the defendants in his court. Speaking to a group of Veterans about the importance of the mentorship component of his program, Judge Manley explained, “If you have someone who has been through what they are going through, it’s much more powerful and meaningful. You can motivate them to turn their lives around; you can guide them through the VA system.”

# New “Glasses” Benefit Research

New research methods at the Western Blind Rehabilitation Center using special glasses called The Mobile Eye™ will improve visual function, not only in injured combat troops, but also in Veterans with age-related eye disease or vision loss associated with strokes and other causes of vision loss following brain injury. Additionally, the knowledge gained should readily transfer to the benefit of both Veterans and civilians with age-related vision loss or vision loss due to stroke, falls, motor vehicle accidents, and other events causing brain injury and vision loss.



Early research methods fell short, as it can be difficult to know why one object is visually identified and another not. Did the person not look at the hazard, or did they look but not mentally register it as a hazard? This new research will help answer these and other questions.

The Mobile Eye™ (Applied Sciences Laboratories, Bedford, MA) tracks and records the person's eye movement and superimposes it on a videotaped view of the environment recording both for review and analysis. This allows researchers and clinicians to “see what the person is looking at” and to do sophisticated analysis about the amount of time any object was fixated, directions of scan, and to identify how the individual manages areas of field loss.

Understanding how well the individual manages their areas of vision loss is critical to understanding how they interact with the world around them. This is important because it leads to a better understanding of the person's visual functioning and the effectiveness of rehabilitation. It should also lead to more effective rehabilitation therapies.

## VA Palo Alto Health Care System

### Special Emphasis Programs

- Acute Psychiatry (VISN 21's Primary Referral Site)
- Polytrauma Rehabilitation Center/Traumatic Brain Injury (1 of 4 centers in VHA)
- Domiciliary Care (VISN 21's Primary Referral Site – only Domiciliary in the Network)
- Hospice / Palliative Care (Only Non-Vet Inpatient Hospice Program in VHA)
- Gero-psychiatric Inpatient Care (VISN 21's Primary Referral Site)
- Med/Surg Tertiary Care (1 of 2 Tertiary Care Centers in VISN 21)
- Organ Transplant (1 of 5 National Centers in VHA)
- Post Traumatic Stress Disorder (1 of 7 National Centers in VHA)
- Spinal Cord Injury (1 of 24 Centers in VHA)
- War Related Injury and Illness Study Center (1 of 3 Centers in VHA)
- Western Blind Rehabilitation (1 of 10 Centers in VHA)
- Regional Amputation Center (1 of 7 Centers in VHA)

### Graduate Medical Education and Research

VAPAHCS operates one of the largest integrated health-care systems in VA in terms of specialized programs, research and graduate medical education (GME)

- Primary Academic Affiliation: Stanford University School of Medicine
- 168 Active Affiliations
- Over 1,500 trainees
- 4<sup>TH</sup> largest Research Program in VHA
- Over 200 Investigators, more than 600 research projects
- Fiscal Year 2009 Research Budget: \$52,650,000

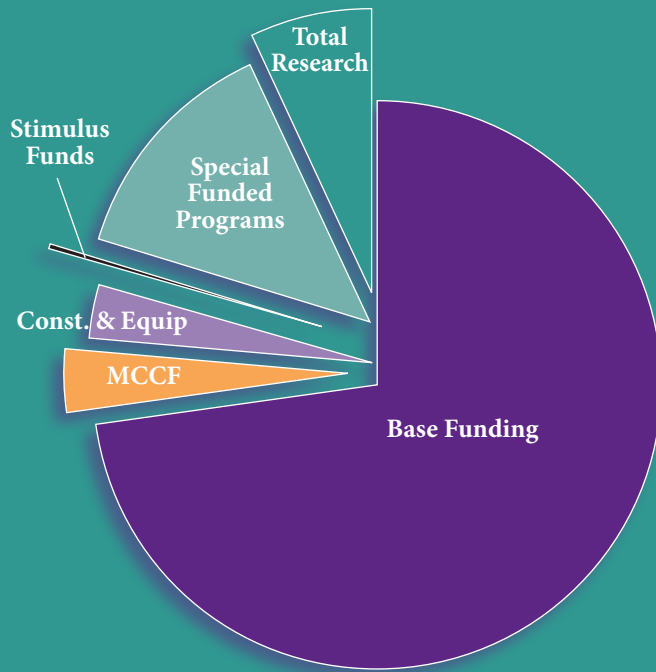




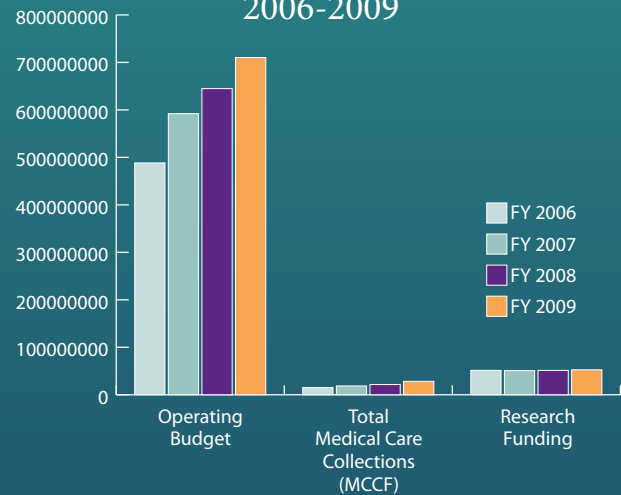
# Statistics

## Financial Report

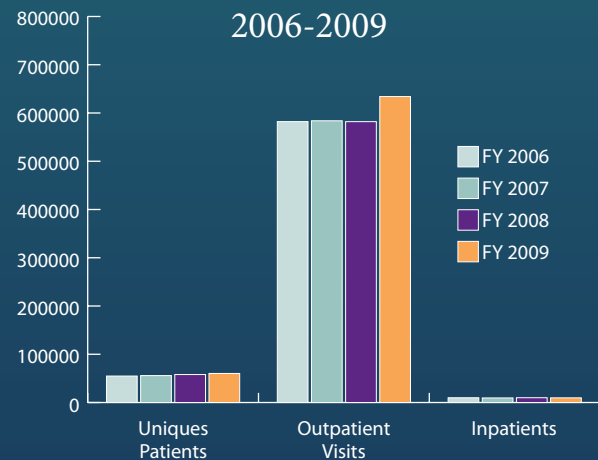
Base Funding	\$610,392,389
MCCF Collections	\$27,734,910
Construction & Equipment	\$24,087,708
Stimulus Funds	\$2,403,579
Special Funded Programs	\$100,801,240
Total Research	\$52,650,408



## Budget 2006-2009



## Patient Data 2006-2009



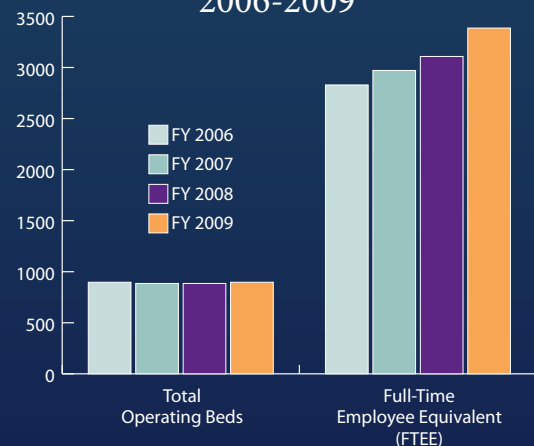
## Employees

Full Time Equivalent Employees	3,386
Volunteers	2,297
Volunteer hours	309,463

## Patients Treated

Total Operating Beds	897
Unique Patients	60,284
Number of inpatients treated	9,737
Outpatient visits	634,053

## Hospital Data 2006-2009



# *VA Palo Alto Facilities*



## **VA PALO ALTO DIVISION**

3801 Miranda Avenue  
Palo Alto, CA 94304  
(650) 493-5000



## **VA MENLO PARK DIVISION**

795 Willow Road  
Menlo Park, CA 94025  
(650) 493-5000



## **VA LIVERMORE DIVISION**

4951 Arroyo Road  
Livermore, CA 94550  
(925) 373-4700



## **VA MONTEREY OPC**

3401 Engineer Lane  
Seaside, CA 93955  
(831) 883-3800



## **VA CAPITOLA OPC**

1350 N. 41st Street, Suite 102  
Capitola, CA 95010  
(831) 464-5519



## **VA MODESTO OPC**

1524 McHenry Avenue, Suite 315  
Modesto, CA 95350  
(209) 557-6200



## **VA SAN JOSE OPC**

80 Great Oaks Boulevard  
San Jose, CA 95119  
(408) 363-3000



## **VA SONORA OPC**

13663 Mono Way  
Sonora, CA 95370  
(209) 588-2600



## **VA STOCKTON OPC**

7777 Freedom Drive  
French Camp, CA 95231  
(209) 946-3400